MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15580 — 15582

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR-A 15 (4) 45M 1/69

1. DECEASED-NAME (Type or print) First / Middle / Last	Charles EDWARD Barton	2a. DATE OF DEATH Month Day Year	10-14-72
2b. HOUR	2:30 PM		
3. SEX	male	4. RACE	white
5. DATE OF BIRTH	8-11-93	6. AGE (In years last birthday)	79 YRS.
IF UNDER 1 YEAR MONTHS / DAYS		IF UNDER 24 HRS. HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH	Caroline Md.
10. CITY OR TOWN OF DEATH	Denton	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	Caroline Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Farmer (RETIRED)	12b. KIND OF BUSINESS OR INDUSTRY	GENERAL FARMING
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	~~Talbot~~ Queen Anne's
13c. CITY OR TOWN	Queen Anne	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER	RURAL		
14. FATHER'S NAME First / Middle / Last	b Batchelder Barton	15. MOTHER'S MAIDEN NAME First / Middle / Last	Roberta Jump
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	YES	(If yes give war or dates of service)	W.W.I
16b. SOCIAL SECURITY NO.	214-36-5129	17. INFORMANT (Name, Address)	WIFE MINNIE C. BARTON, QUEEN ANNE, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	Sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Myocardial disease	10 years
DUE TO, OR AS A CONSEQUENCE OF (c)	Coronary artery disease	10 years

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. — 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic obstructive lung disease. Thoracic & abdominal aortic aneurysm

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Nat while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 3-20, 1941, to 9-30 1972 that (I) (~~we~~) last saw the deceased alive on 9-30 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	Kurt Lederer	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED 10-16-72
22d. PHYSICIAN'S NAME (Type)	KURT LEDERER	22e. ADDRESS	QUEEN ANNE MD

23a. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	Oct. 17, 1972	Greenmount Cemetery	Hillsboro	Caroline, Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. RECEIVED BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
James W. Barton, Barton Bros,	Centreville, Md.	OCT 20 1972		

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 28. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15581 — 15583

1. DECEASED-NAME (Type or Print)	First: Marie	Middle: B..	Last: Becker	2a. DATE KNOWN OF DEATH ESTIMATED ☒	Month: Oct	Day: 23	Year: 1972
2b. HOUR: 11p M							
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Oct. 10, 1910	6. AGE (In years last birthday): 62 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 10/24/72 Day Year 19	2d. HOUR: 10:20 A
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Caroline Md.				
10. CITY OR TOWN OF DEATH: Federalsburg,	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Liberty Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Insurance Agent	12b. KIND OF BUSINESS OR INDUSTRY: Insurance				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maruland	13b. COUNTY: Caroline	13c. CITY OR TOWN: Federalsburg	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Liberty Road			
14. FATHER'S NAME First: Harvey	Middle: J.	Last: Brodes	15. MOTHER'S MAIDEN NAME First: Augusta	Middle:	Last: Neal		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No;	(If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 067-01-8180	17. INFORMANT: William L. Brodes	ADDRESS: R. F. D. Annapolis			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Coronary Artery Arterioscle osisi — yrs

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. 4100

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized arteriosclrosis — yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Hypertension Mild History

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I taak charge of the remains described abave, held an Autapsy ☒, Inspectian ☒, Inquiry ☒, and in my apinian death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Harold B. Plummer M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED

EXAMINER'S NAME (Type) Harold B. Plummer M.D.

ADDRESS(Street, city, town, or county) Preston Caroline

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Oct. 27, 1972	Hillcrest Cemetery	Federalsburg, Car. Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Edna Williamson Federalsburg, Md.	NOV 6 1972	Sidney H. Norton

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

15582

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15584

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RN3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	HARVEY	Middle	E.	Last	HARDING	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month Day Year	Oct. 25 1972
2b. HOUR	4:30 P.M.						
3. SEX	M	4. RACE	W	5. DATE OF BIRTH	JUNE 7/88	6. AGE (In years last birthday)	84 YRS.
IF UNDER 1 YEAR MONTHS / DAYS		IF UNDER 24 HRS HOURS / MIN.		2c. DATE PRONOUNCED DEAD Month Day Year	Oct. 25 1972	2d. HOUR	5P.M.
7a. BIRTHPLACE (State or foreign country)	CAROLINE, N.Y.	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		9. COUNTY OF DEATH	Caroline Md.
10. CITY OR TOWN OF DEATH	BETHLEHEM	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	SELF EMPLOYED GROCER	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	MD	13b. COUNTY	CAROLINE	13c. CITY OR TOWN	BETHLEHEM	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER NONE
14. FATHER'S NAME First	WILLIAM	Middle		Last	HARDING	15. MOTHER'S MAIDEN NAME First	MARY
Middle	CHRISTOPHER	Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give dates of service	YES 1918-1919	16b. SOCIAL SECURITY NO.	214-66-8743	17. INFORMANT	CLYDE M. HARDING,	ADDRESS	BETHLEHEM

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular Arrest Partial Heart Blokck — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: seconds

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Cardio Vascular Disease — yrs

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized arteriosclerosis — yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Diabetes Mellitus Mild

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At hame, farm, street, factary, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** thot I took chorge of the remoins described obove, held on Autopsy ☐, Inspection ☒, Inquiry ☒ ond in my opinion deoth resulted from: Noturol couses ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE _____ M.D.

EXAMINER'S NAME (Type) Harold B. Pummer M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county) Preston Caroline

22b. DATE SIGNED 10/28/72

23a. BURIAL, CREMATION, REMOVAL (Specify)	BURIAL	23b. DATE	Oct. 28/72	23c. NAME OF CEMETERY OR CREMATORY	JR. ORDER CEM.
23d. LOCATION (City or Town)	PRESTON,	(County)	CAROLINE,	(State)	MD.
24. FUNERAL DIRECTOR	FRAMPTOM FUNERAL HOME		FEDERALSBURG	MD.	
25a. REC'D BY REGISTRAR DATE	NOV 3 1972	25b. REGISTRAR'S SIGNATURE	Sidney M. Norton		

VR A15ME (5) 8M-1170

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

15583

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15585

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First / Middle / Last	Ethel Myers Lord				2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month Day Year	10/31/72 19 7
2b. HOUR	2:30 AM					
3. SEX	Female					
4. RACE	Cau.					
5. DATE OF BIRTH	10-12-1889					
6. AGE (In years last birthday)	83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN			
2c. DATE PRONOUNCED DEAD Month Day Year	10/31/72 19 2					
2d. HOUR	2:50P M					
7a. BIRTHPLACE (State or foreign country)	Pa.					
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.					
8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐						
9. COUNTY OF DEATH	Caroline Md.					
10. CITY OR TOWN OF DEATH	Templeville					
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	None					
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife					
12b. KIND OF BUSINESS OR INDUSTRY	None					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.					
13b. COUNTY	Caroline					
13c. CITY OR TOWN	Templeville					
13d. INSIDE CITY LIMITS? YES ☐ NO ☒						
13e. STREET AND NUMBER	None					
14. FATHER'S NAME First / Middle / Last	Valentine Myers					
15. MOTHER'S MAIDEN NAME First / Middle / Last	Viola Miller					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No					
16b. SOCIAL SECURITY NO.	202-18-6408					
17. INFORMANT ADDRESS	Valentine Lord Malvern, Pa.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Decompenstaion	mos
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b)	Left entricular Failure	mos
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotc Cardio Vadcular Disease	yrs

4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

none

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Harold B. Plummer M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

22b. DATE SIGNED 11/2/72

EXAMINER'S NAME (Type) Harold B. Plummer M.D.

ADDRESS (Street, city, town, or county) Preston Caroline

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	11-3-72	Sudlersville	Sudlersville Q.A. Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
John E. Boulden	Greensboro, Md.	NOV 6 1972	Sidney H. Norton	

VR A15ME (5) 8M-1/70

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15584 — 15586

1. DECEASED-NAME (Type or print): First MARY Middle ANN Last MESSICK
2a. DATE OF DEATH: Month OCTOBER Day 26 Year 1972
2b. HOUR: M
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: JULY 6 1882
6. AGE (In years last birthday): 90 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: CAROLINE [redacted] DORCHESTER Md.
10. CITY OR TOWN OF DEATH: FEDERALSBURG
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RD#1 BOX 265
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: CAROLINE
13c. CITY OR TOWN: FEDERALSBURG
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER: RD#1 BOX 265
14. FATHER'S NAME First WAITMAN Middle — Last WILLEY
15. MOTHER'S MAIDEN NAME First LAURA JANE Middle RUSSELL Last WILLEY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service): —
16b. SOCIAL SECURITY NO.: 215-16-8583
17. INFORMANT Address: MABEL V. SMITH, FEDERALSBURG MD.

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 0
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. 4122
DUE TO, OR AS A CONSEQUENCE OF (b): cerebral vascular accident — 2 weeks
DUE TO, OR AS A CONSEQUENCE OF (c): Hypertensive arteriosclerotic cardiovascular disease ?

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Old mycardial infarction

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this haspital) attended the deceased from 1-4, 1920, to 10-7, 1972, that (I) (we) last saw the deceased alive an 10-7-72 19___, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: H.R. Trapnell — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 10-31-72
22d. PHYSICIAN'S NAME (Type): H.R. Trapnell, M.D.
22e. ADDRESS: Federalsburg, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT 28, 1972
23c. NAME OF CEMETERY OR CREMATORY: GALESTOWN CEMETERY
23d. LOCATION (City or Town) (County) (State): GALESTOWN CAROLINE MD.
24. FUNERAL DIRECTOR: Paynter M. Watson — ADDRESS: SEAFORD DEL.
25a. REC'D BY REGISTRAR DATE: NOV 6 1972
25b. REGISTRAR'S SIGNATURE: Sidney L. Norton

1

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
8M-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

15585

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15587

1. DECEASED-NAME (Type or Print): First: Gerard Delmar Russell; Middle; Last

2a. DATE KNOWN OF DEATH ESTIMATED ☐: Month Day Year: 10/20/19 72

2b. HOUR: 4:45 P M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: Oct. 30, 1928

6. AGE (In years last birthday): 43 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS: HOURS MIN

2c. DATE PRONOUNCED DEAD: Month 10 Day 20 Year 1972

2d. HOUR: 9:45 P M

7a. BIRTHPLACE (State or foreign country): Canada

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Caroline Md. P

10. CITY OR TOWN OF DEATH: R Ridgeley Md

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R.D.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Electronics Tech.

12b. KIND OF BUSINESS OR INDUSTRY: Refining

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Cecil

13c. CITY OR TOWN: North East

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: Chesapeake Isle, R.D. 2

14. FATHER'S NAME: First William A. Russell; Middle; Last

15. MOTHER'S MAIDEN NAME: First Agnes St. Croix; Middle; Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes

(If yes give war or dates of service): WW II

16b. SOCIAL SECURITY NO.: 116-28-8747

17. INFORMANT: Joan V. Russell

ADDRESS: R.D. 2 North East, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

844X

IMMEDIATE CAUSE (a) Multipe Fracture of his skull — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: seconds

Conditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(b) Multiple fractures of all long Bones — seconds

DUE TO, OR AS A CONSEQUENCE OF

(c) Unopening of parachute in jump — seconds

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.: 4:45 P.M. 10/20/72

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Parachute did not open

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Pelican Club R D

21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Ridgeley Maryland Caroline

22a. I certify that I taak charge at the remains described abave, held an Autapsy ☐, Inspectian ☒, Inquiry ☒, and in my apinian death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Roy D Plummer M.D.

EXAMINER'S NAME (Type): Haold B. Plummer M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: 10/22/72

ADDRESS (Street, city, town, or county): Preston Caroline

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: ~~10-21-72~~ 10-27-72

23c. NAME OF CEMETERY OR CREMATORY: Gettysburg National

23d. LOCATION (City or Town) (County) (State): Gettysburg Adams Pa.

24. FUNERAL DIRECTOR: Paul A. Crouch

ADDRESS: Grant Funeral Home North East, Md.

25a. REC'D BY REGISTRAR DATE: OCT 27 1972

25b. REGISTRAR'S SIGNATURE: Sidney M. Norton

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FOR STATE HEALTH DEPT.

15586

MARYLAND STATE DEPARTMENT OF HEALTH

15588

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DH3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Herman	Middle: E	Last: Savoy Jr.	2a. DATE KNOWN OF DEATH ☐ ESTIMATED ☐ Month Day Year: 10/21/72 19	2b. HOUR: 10A M							
3. SEX: male	4. RACE: negro	5. DATE OF BIRTH: 3/13/50	6. AGE (In years last birthday): 22 YRS.	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN	2c. DATE PRONOUNCED DEAD Month: 10 Day: 21 Year: 19 72	2d. HOUR: 10:10 A M		
7a. BIRTHPLACE (State or foreign country): md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Caroline Md.								
10. CITY OR TOWN OF DEATH: Preston	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Labor	12b. KIND OF BUSINESS OR INDUSTRY								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md	13b. COUNTY: Talbot	13c. CITY OR TOWN: Easton	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 60 Grahams St							
14. FATHER'S NAME First: Herman	Middle: Savoy	Last: Sr	15. MOTHER'S MAIDEN NAME First: Juanita	Middle:	Last: Savoy						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): Vietnam	16b. SOCIAL SECURITY NO.: 217-54-5849	17. INFORMANT: Myrtle	ADDRESS: Savoy								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Partial Avulsion of Cerebral Contents — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: second

DUE TO, OR AS A CONSEQUENCE OF

(b): Depressed omminuted Fracture Frontal Bone — seconds

DUE TO, OR AS A CONSEQUENCE OF

(c): Severe Blow to Frontal Bone of Skull — skull

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 917X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 10 X P.M. 10/21/72	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) area: Inflated Tire rim hit him inthe above
21d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.): C&D Bandag Co	21f. LOCATION Street or R.F.D. No. City or Town County State: Main Street Preston Maryland Caroline

22a. **I certify** thot I took charge af the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion deoth resulted from: Naturol couses ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: 10/25/72

EXAMINER'S NAME (Type): Harold B. Plummer M.D.

ADDRESS(Street, city, town, or county): Presto Maryland

23a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	10/26/72	Chapel Church Cem	Easton #2 TA md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Lage H Haskell	Eston md	OCT 30 1972	Sidney [illegible] Norton

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